

## ATTACHMENT 6.7

U.S. DEPARTMENT OF AGRICULTURE FOOD AND NUTRITION SERVICE <b>DESTINATION DATA FOR DELIVERY OF DONATED FOODS</b> FNS Instr. 709-5		FORM APPROVED OMB NO. 0584-0293  TYPE OF ACTION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	
<b>SEE INSTRUCTIONS ON REVERSE</b>			
<b>1. NAME OF STATE DISTRIBUTING AGENCY</b> Arizona Department of Education	<b>2. DESTINATION (CITY) RECEIVING POINT</b>	<b>3. STATE IN WHICH DISTRIBUTING AGENCY IS LOCATED</b> AZ -104	
<b>4. CONSIGN TO</b> Arizona Department of Education Food Distribution Program 1535 W. Jefferson, Bin #7 Phoenix, AZ 85007	<b>5. CARE OF:</b>		
<b>ENTITY NO:</b>			
<b>6. DELIVER TO:</b> <i>(Street address, team track, warehouse, etc.)</i>			
<b>A. FOR RAIL DELIVERY</b>		<b>LIMITATIONS</b>	
<b>B. FOR TRUCK DELIVERY</b>		<b>LIMITATIONS</b>	
<b>7. SHIP BY</b> <i>(Shipment may be made by rail or truck unless one of the following is checked)</i>  <input type="checkbox"/> RAIL ONLY <input type="checkbox"/> TRUCK ONLY		<b>EXPLANATION OF NEED FOR THE RESTRICTION SHOWN</b>	
<b>8. TITLE AND ADDRESS ONLY OF PERSON TO WHOM THE FORWARDING NOTICE AND DISTRIBUTION AGENCY CONSIGNEE RECEIPT SHOULD BE SENT</b> Arizona Department of Education Food Distribution Program 1535 W. Jefferson, Bin #7 Phoenix, AZ 85007		<b>9. TITLE AND ADDRESS ONLY OF PERSON TO WHOM THE NOTICE OF SHIPMENT SHOULD BE SENT</b>  Arizona Department of Education Food Distribution Program 1535 W. Jefferson, Bin #7 Phoenix, AZ 85007	
<b>10. OUTLET(S) SERVED</b> <input type="checkbox"/> NUTRITION PROGRAM FOR THE ELDERLY (TITLE III) <input type="checkbox"/> SCHOOLS <input type="checkbox"/> CHILD CARE FOOD PROGRAM <input type="checkbox"/> NEEDY FAMILIES  <input type="checkbox"/> CHARITABLE INSTITUTIONS <input type="checkbox"/> SUMMER CAMPS <input type="checkbox"/> SUMMER FOOD SERVICE PROGRAM  <input type="checkbox"/> SUPPLEMENTAL FOOD PROGRAM <input type="checkbox"/> OTHER <i>(Specify)</i>			
<b>IF DESTINATION IS A WAREHOUSE, COMPLETE ITEMS 11 THROUGH 14</b>			
<b>11. TYPE OF WAREHOUSE</b>  <input type="checkbox"/> STATE OWNED AND OPERATED <input type="checkbox"/> COMMERCIAL		<b>12. IF COMMERCIAL WAREHOUSE DELIVERY ACCEPTABLE BY</b>  <input type="checkbox"/> TRANSFER OF TITLE <input type="checkbox"/> LOCAL PICKUP	
<b>13. TYPE(S) OF STORAGE PROVIDED</b>  <input type="checkbox"/> DRY <input type="checkbox"/> REFRIGERATED <input type="checkbox"/> FREEZER		<b>14. HANDLING OF PERISHABLE FOODS</b> <i>(Check one)</i> <input type="checkbox"/> SHIPMENT ALWAYS ENTIRELY UNLOADED AND PLACED IN STORAGE  <input type="checkbox"/> PART OF SHIPMENT ALWAYS OR SOMETIMES DISTRIBUTED FROM CAR OR WAREHOUSE PLATFORM	
<b>The above information is true and correct to the best of my knowledge and belief.</b>			
<b>15. DATE</b>		<b>16. SIGNATURE OF AGENCY REPRESENTATIVE</b>	

DISTRIBUTING AGENCY: Send the original, white, and yellow copies to the Food and Nutrition Service Regional Office; retain the green and pink copies  
 FNS REGIONAL OFFICE: Send the original to the Kansas City ASCS Commodity Office and the yellow copy to the Food Distribution Division; retain the white copy.

## INSTRUCTIONS

It is important that a separate form be prepared for each destination (Item 2) when delivery conditions require changes in elements of information in Items 5, 6, 7, 8, or 9.

In the "Type of Action" entry, check one box only indicating whether the form is to provide data for: (1) a NEW destination, (2) notification of CHANGE in data for an existing receiving point, or (3) DELETION of a destination receiving point.

- 1 Self-explanatory.
- 2 Name of the City to which shipment is to be made. Show only if different from item 3.
- 3 Self-explanatory.
- 4 Enter the title of the Distributing Agency's representative who is accountable for distribution of donated foods. Names are not to be shown unless essential to the Distributing Agency's operations. The Entity Number is the code designation assigned by USDA for a destination receiving point, and will be filled in by the Distribution Agency each time the form is submitted.
- 5 If delivery at destination is to be accepted by the Distributing Agency's representative (shown in item 4), enter "Same as item 4". If delivery at destination is to be accepted by someone other than the representative shown in Item 4, that person's title is inserted here. Names are not to be shown unless essential to the Distributing Agency's operation.
- 6 This item is used jointly with Item 7 since the information to be supplied is dependent upon the method of shipment indicated in Item 7.

A. For Rail Delivery – No entry is to be made unless delivery to a specific location is essential to program operations, e.g., the receiving warehouse is located on a rail siding. When an entry is necessary, the address shown shall include the specific location at which the car is to be placed for unloading. Where reciprocal switching is not in effect at the point of delivery, the name of the railroad which serves this location shall be shown. For example:

"Blank's Warehouse, ACL," or "Industrial Siding, PPP." Where reciprocal switching is in effect at the point of delivery, no delivering carrier shall be specified. If delivery is to be made on a team track, the name of a specific team track shall not be shown unless it is essential to program requirements.

Limitations. Show limiting conditions, if any, at the destination point, e.g., "Cannot handle cars over maximum length of 53 feet."

B. For Truck Delivery – Show exact street address for location at which delivery will be accepted. If same as for "Rail Delivery," enter "Same as for rail delivery."

Limitations. Show limiting conditions, if any, at the destination point, e.g., "12 ½ foot clearance."

- 7 It is desirable that shippers be allowed to make shipment by either rail or truck so that the means of transportation can be selected which will result in least transportation costs. Distributing agencies may restrict the method of shipment only when necessary to their program operations. If a specific mode of transportation is shown, an explanation must be made of the need for the restriction.
- 8 If this person is the same as the one to whom the Notice of Shipment is sent, enter "Same as Item 9." Names are not to be shown unless essential to the Distributing Agency's operations.
- 9 Self-explanatory. Names are not to be shown unless essential to the Distributing Agencies operations.
- 10 Indicate the outlet(s) to which distributions are made from this destination point.
- 11 12, 13, and 14 self-explanatory.
- 15 And 16 The Distributing Agency's representative (Item 4) will complete these entries.